

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Healthcare Distribution Management Association Political Action Committee

ADDRESS (number and street)

901 N. Glebe Road, Suite 1000

☐ (Check if address is changed)

Arlington

VA

22203

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

Abittman@hdmanet.org

☒ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

3. FEC IDENTIFICATION NUMBER

C C00247569

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Ms Ann W Bittman

Signature of Treasurer

Ms Ann W Bittman

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)